

PATENT Atty. Dkt. No. SALK2270-4

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ronald M. Evans

Title: XENOBIOTIC COMPOUND

MODULATED EXPRESSION

SYSTEMS AND USES THEREFOR

Appl. No.: Unknown

Filing Date: Unknown

Examiner: Unknown

Art Unit: Unknown

## UTILITY PATENT APPLICATION TRANSMITTAL

Commissioner for Patents Box PATENT APPLICATION Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

## Ronald M. Evans

[X] Applicant claims small entity status under 37 CFR 1.27.

## Enclosed are:

- [X] Specification, Claim(s), and Abstract (77 pages).
- [X] Informal drawings (12 sheets).
- [X] Unexecuted Declaration and Power of Attorney (3 pages).
- [ ] Assignment of the invention to .
- [ ] Assignment Recordation Cover Sheet.



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[ ]

]	Check in the amount of \$ for Assignment recordation.
[ ]	Small Entity statement.
[ <b>X</b> ]	Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).
[ ]	Information Disclosure Statement.
[ ]	Form PTO-1449 with copies of 2 listed reference(s).

The filing fee is calculated below:

	Claims as Filed		ncluded in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$710.00		\$710.00
Total Claims:	23	-	20	=	3	x	\$18.00	===	\$54.00
Independents:	5	-	3	=	2	×	\$80.00	=	\$160.00
If any Multiple Dependent Claim(s) present:					<u></u>	. +	\$270.00	=	\$0.00
and the state of t							\$130.00	=	\$130.00
Deciaration							SUBTOTAL:	=	\$1,054.00
[ X ]	] Small Entity Fees Apply (subtract ½ of above): TOTAL FILING FEE:							=	\$527.00
[ // ]								=	\$527.00

[ ] A check in the amount of \$\_\_\_\_\_ to cover the filing fee is enclosed.

Application Data Sheet (37 CFR 1.76).

- [X] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [ ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

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Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

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Ву

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